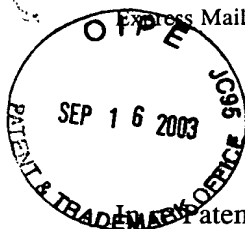


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Express Mail Label No: EV 346842867 US

Date of Deposit: September 16, 2003

Patent
Attorney's Docket No. 032802-007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application of

Russell Gordon Speight

Application No.: 09/601,955

Filed: November 13, 2000

For: AUTOMATED MOLDING
TECHNOLOGY THERMOPLASTIC
INJECTION MOLDING

Group Art Unit: 1732

Examiner: Hetbrink, Jill Lynne

Confirmation No.: 5334

RECEIVED
SEP 24 2003
TC 1700

**REQUEST FOR CONTINUED EXAMINATION
TRANSMITTAL LETTER**

MAIL STOP RCE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No. **21839**

Sir:

Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the
[X] \$375.00 (2801) [] \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).

1. [] A. Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified in item 2 below.

[] B. Applicant(s) previously submitted the following documents for which continued examination is requested:
[] Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on _
[] Consider the arguments in the Appeal Brief or Reply Brief previously filed on _
[] Other: _____
2. The following documents are enclosed with this submission:
[] Amendment/Reply.
[] Affidavit(s)/Declaration(s).
[X] Information Disclosure Statement (IDS).
[] Petition for Extension of Time.
[] Other: _____
3. [X] Small entity status is hereby claimed.
[X] No additional claim fee is required.
[] The fee is calculated below on the basis of the highest number of claims already paid for in this application prior to this submission:

09/25/2003 MBIZUNES 00000115 024800 09601955

00 000000 375.00 DA

(05/03)

Request for Continued Examination Transmittal Letter

Application No. 09/601,955

Attorney's Docket No. 032802-007

Page 2

C L A I M S					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS THUS PAID FOR	EXTRA CLAIMS	RATE	FEE
Basic Fee					\$750.00 (1001)
Total Claims		MINUS 20 =		× \$18.00 (1202) =	
Independent Claims		MINUS 3 =		× \$84.00 (1201) =	
If multiple dependent claims are presented, add \$280.00 (1203)					
Total Fee					
If small entity status is claimed, subtract 50% of Total Fee					
TOTAL FEE DUE					

4. ☐ A check in the amount of \$ _____ is enclosed for the fee due.
5. ☒ Charge \$ 375.00 to Deposit Account No. 02-4800 for the fee due.
6. ☐ Applicant(s) requests suspension of action by the Office until at least __, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: September 16, 2003By: 

Khaled Shami

Registration No. 38,745

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